

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031899

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 248 Primary Registration District No. 5844 Registrar's No. 9

FILED SEP 4 1962

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Newton Seneca Twp.</u>		c. CITY OR TOWN <u>Joplin</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>12 Mi's s0, Joplin Hwy 43</u>		d. STREET ADDRESS (If outside, give location) <u>2011 Bird</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Hazel M Hardy</u>			4. DATE OF DEATH Month Day Year <u>8 28 1962</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-16-1909</u>	9. AGE (last birthday) <u>52</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Unknown</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Davis W. Readshaw</u>		13b. MOTHER'S MAIDEN NAME <u>Bertie Campbell</u>	
14. NAME OF HUSBAND OR WIFE <u>Barney M Hardy (deceased)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Robert Readshaw, Purcell, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Skull Fracture, Multiple injuries</u> DUE TO (b) <u>Head on Automobile Collision</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Two Automobiles collided head on</u>	
20c. TIME OF INJURY Hour Minute p.m. <u>12:15 30:00 p.m.</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On Hwy. # 43</u>		20e. CITY, TOWN, OR LOCATION <u>4 Miles North of Seneca, Newton, Missouri</u>	
20f. COUNTY <u>Newton</u>		20g. STATE <u>Mo.</u>		20h. INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	

21. I attended the deceased from <u>did not attend</u> , to _____ and last saw her alive on _____ Death occurred at <u>12:15</u> P. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>James L. Hardwick</u>	22b. ADDRESS <u>Coroner, Newton Co., Mo. 118 W. Main, Neosho, Mo.</u>
22c. DATE SIGNED <u>8-28-62</u>	22d. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u>

23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-30-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial</u>	23d. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u>
24. FUNERAL DIRECTOR <u>Hurlbut-Glover Mortuary, Joplin, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-30-1962</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

10730
20499
3
4 1
5 1
6
7 9
8 2
9 X
10

11073
1291-3
135-0

SEP 25 1962

SEP 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

George L. Mix

Licensed Embalmer No. 5175

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.